



ANNUAL REPORT  
**2012-13**



# **Deshabandhu Club**

AN ORGANIZATION WORKING WITH PEOPLE FOR SUSTAINABLE DEVELOPMENT





# **ANNUAL REPORT** **2012-2013**



## **DESHABANDHU CLUB**

BEHARA BAZAR, CACHAR, ASSAM

(+91) 3841-259503

[e-mail-deshabandhuclub@rediffmail.com](mailto:e-mail-deshabandhuclub@rediffmail.com)

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### **OUR BRANCH OFFICES**

#### **CITY OFFICE**

Shibbari Road, Tarapur  
Silchar, Dist. Cachar (Assam)  
Telefax : (+91) 3842 269024

#### **EXTENSION OFFICE**

Ramnagar-Banglaghat  
Near Kalyani Hospital, Dist. Cachar  
Telefax : (+91) 3842 268795

#### **DESHABANDHU CLUB 1098 CHILDLINE SERVICE**

Shibbari Road, Tarapur, Silchar, Dist. Cachar (Assam)  
Telefax : (+91) 3842 268710, 268720  
**BSNL Toll Free Number : 1098**

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# **A B O U T** **Deshabandhu Club**

*"Empowering lives."*





**Dr. Sanjib Sikidar,**  
President, **Deshabandhu Club**



**D**eshabandhu club was started in 1966 at Behara bazaar by few sports loving youths of the locality for promotion of rural sports. After few years the organization spread it's wings in diversified areas of work. During past few years the organization remained an important partner of Govt of Assam in Non formal education, MNGO for RCH-I & RCH-II projects. we also implemented AACP programme as Nodal NGO for cachar, karimganj & Hailakandi districts. Under HIV/AIDS programme we are functional till NACP-I covering Intervention & CST areas of work. I am delighted to state that India HIV/AIDS Alliance selected our organization as SSR of GFATM under NACP-IV to implement CSC (care support & treatment centre for PLHIVs) at Cachar district following a very competitive mode of selection. In disability sector CBR initiative found to be productive one because it is about to create an equal platform for marginalized disables through demand generation among them. The organization is also functioning Childline 1098 service at Silchar as collaborative agency for the children in need & it has being able to sensitize community on children related issues & rescued many children from difficult situation. under Aspiration day care centre the growing enrollment of disable children is also very useful for their future .our organization also been accredited as Nodal NGO for Community based Monitoring in cachar district supported by our old partner Voluntary Health association of Assam. Under TI (FSW) programme CBOs have been formed by HRGs which will empower the marginalized women.

I take the opportunity to convey my heartiest thanks to the donor agencies who funded the programmes, different deptts who helped in programme implementation as important stakeholders, individuals who helped either morally or financially, staffs who worked tirelessly for the mission & vision of organization & everybody who helped us through their ideas, experiences & suggestions.

I request for creative criticism from the stakeholders so, that we can learn from mistakes to make our efforts more result oriented. I am hopeful that with the support & involvement of all we will be able to work more effectively in the days to come.

(Dr. Sanjib Sikidar)



## BACKGROUND

**D**ESHABANDHU CLUB, a North East based NGO started as Balak samiti in 1966. It started as a football club by few enthusiastic youths of the locality for promotion of rural sports. A devastating flood occurred in Katigorah & the members joined in relief & rescue operation. The volunteers of the club experienced the plight of people in need & that inspired them to do something for the society at large.

## LEGAL STATUS

**R**egistered under Society registration Act XXI of 1860, foreign contribution regulation act, 1976, PWD Act 1995, section 12(A) & 80(G) of IT Act, 1961.

## DECISION MAKERS

**T**he Executive body, elected by the general body annually is responsible for all sort of organization planning, execution, assessment, monitoring of all programmes & activities.

## DEVELOPMENT : OUR PERCEPTION

**W**e define “development” as a process of movement from dehumanized state of existence characterized by poverty, deprivation and exploitation to a human state of being where all live with self respect, dignity and pride. We believe in the concept of “working with the people instead of working for the people.”

## VISION

**T**o create a society where every citizen avails basic needs and services so as to have a life with self respect, dignity and pride.

## MISSION

**D**eshabandhu club exists to bring the socio economic development of the citizens particularly to women & children of Assam by 2020 A.D. would like to provide cost effective, sustainable, peoples’ friendly health, education, economic empowerment and rural entrepreneurship through peoples participation.

## HUMAN RESOURCES

**A**group of youth from diverse background with expertise & commitment are working consistently towards attainment of organization goal.



## AIMS & OBJECTIVES

- a)** To promote the cause of national integration and communal harmony in a best possible means.
- b)** To eradicate illiteracy on voluntary efforts and to help in the spread of education both formal & non formal in the rural & backward areas with special emphasis on female & child education.
- c)** To organize training programme for the rural youths and women aims at offering self employment opportunity to unemployed youths & women in distress.
- d)** To develop scientific temperament among the rural people with the help of organizing seminar, symposium, discussion, folk entertainment and audio visual aid.
- e)** To create awareness about over increasing environment pollution and to encourage the people for mass awareness of trees in the available land and to make environment pollution free.
- f)** To promote the cause of sports & culture.
- g)** To make the people aware about population explosion and encourage them to accept small family norms.
- h)** To provide basic medical relief to families particularly of old and women and children residing in the remote & inaccessible areas.
- i)** To help the relevant govt & non-govt agencies in the implementation of various socio-economic and refundable assistance at the grass root level.
- j)** To help & rehabilitate physically handicapped persons.
- k)** To create health awareness among the rural people as preventive measures from various incurable diseases.
- l)** To develop the socio economic status of rural masses the organization may borrow to raise loan from any outside agency as per objectives of the programme of that agency.
- m)** To help by organization & providing training to the unemployed youths, the club will encourage them to establish small scale as well as tiny industries. The Club will also help economically to the unemployed / underemployed youths / group either by providing refundable assistance or participating as stakeholders in their entrepreneurial ventures.
- n)** To aware the rural people about small savings.
- o)** It will function as non-profitable organization .If some profit will raise from any source it shall be utilized in furtherance of the objects of the organization & shall not be distributed amongst the members.







## HEALTH

**H**ealth is key indicator of development. India is still underdeveloped in terms of health. The real challenges for health are the density of population in most unhygienic condition in slums, tea gardens & villages, poor sanitation, lack of knowledge & information regarding services, poverty, cultural belief & practices, inadequate health facilities & professionals, poor acceptance of health seeking behaviour, lack of proactive role of line departments, poor road condition, poor disease surveillance, lack of community participation etc. The Health for All is yet a dream to come true in near future. The scenario of women & child health is still poor. 20% of child are affected by malnutrition.

The importance of NGOs in promotion of community health are recognized by Govt as well as national & international funding agencies. Voluntary agencies / trust etc are working in diversified areas of health & emancipated the sufferings of people through quality care.

Deshabandhu club due to its commitment towards up gradation of community health with special attention to women & child health started working in health sector from 1992. Initially PRA was conducted in few selected GP areas of Kalain Block of Cachar district. The aim of the organization was to gather information on health needs of the people & understanding health practices. The findings gave a dismay picture of the field. The indicators related to maternal & child health was very poor showing high mortality rate & poor immunization coverage accompanied by high growth of population rate.

The organization started Deshabandhu Social welfare Hospital to provide basic diagnostic & counseling services to women. The hospital caters to the basic treatment needs of women, children, senior citizens & mentally ill population of Behara & adjoining area. Free medicines are provided to needy patients. Dr. Sanjib Sikidar, President, Deshabadhu club has been doing free treatment of patients since inception of the hospital. Free health check up is also provided by Dr. Sikidar at Tarapur area of Silchar Town on three days per week. The organization also actively involved in pulse polio immunization programme since 1995.

## HIV/AIDS PROGRAMME

**H**IV/AIDS is an international burden. AIDS remains a critical development issue that is reversing decades of human progress with 34 million living with HIV/AIDS continues to demolish communities, perplex economic growth and orphan children. Africa has more HIV population with added burden of acute poverty, social inequalities & hunger. As per NACO, 2011 the estimated HIV/AIDS population is 2.5 million. India has third largest number of HIV positive population in the world. The first HIV positive case in India was detected in 1986 in Tamilnadu among female sex worker. In India two out five female sex workers are HIV positive. India has an estimated 220,000 children infected by HIV/AIDS. Total 50,000-60,000 children are born every year to HIV Positive



mothers with 30% having chances of getting infected. The young population in the age group of (15-24ys) reported to comprise 50% of infected population. The greater prevention efforts are needed to halt the epidemic. World Bank has warned that India will have to boost up prevention efforts to reduce the HIV/AIDS burden & by 2020 India will have to spend 7% of its health budget on AIDS if the rising tide of the AIDS epidemic in New Delhi, Mumbai, the north & the North East is not stopped. The pandemic will have devastating effect on the lives of millions of Indians in near future. It is essential that effective action is taken to minimize this impact.

There are various challenges in combative HIV/AIDS. The various target groups like FSW, MSM, IDUs, Truckers & Migrants are major carriers of HIV. It is increasing higher among FSWs & general community is getting infected. Beside variations among the rate of transmission among different age group & target groups there is decline in overall HIV transmission due to the active role played by Govt, NGOs & community. NACO, the Appex Body for HIV/AIDS in India continuously funding CST & intervention programme to reduce new infections.

## TARGETED INTERVENTION PROGRAMME (TI)

**T**he aim of the TI programme is to prevent transmission of HIV virus from highly vulnerable population to general community. Saturation of all high risk groups & development of 50% TI into CBO was targeted under NACP III. The organization has been implementing TI project in Cachar district since 2007. Initially it was started with Truckers. Total 840 truckers, 130 CSW & 265 numbers of people in rural & slum areas were counseled, 10 nos of awareness programme were organized in various parts of the district.

Since 2008 TI programme has been implemented with core group, FSW. Preventing community from HIV by generating awareness among FSW & other secondary stakeholders is the aim of TI. The programmatic report during April, 2012 - March, 2013 is given below—

Activity	April 2012	May 2012	Jun 2012	July 2012	Aug 2012	Sep 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013	March 2013
New HRGs	0	0	7	72	52	81	6	1	5	3	2	1
New registration	0	0	7	72	52	81	6	1	5	3	2	1
Regular contact	737	749	753	820	887	920	846	916	929	914	897	850
STI symptomatic	7	12	7	28	28	25	17	16	12	13	20	10
Asymptomatic	1	21	8	31	35	35	38	4	9	20	24	10
RMC	196	195	186	211	228	202	259	282	158	302	301	278
ICTC referrals	38	74	138	80	61	68	63	80	120	100	116	327
ICTC-Actual visit	16	74	138	40	24	48	13	47	75	71	61	193
No of hotspot Meeting	12	12	12	13	13	13	13	13	13	13	13	13
No of DIC Meeting	1	1	1	1	1	1	1	1	1	1	1	1
No of persons under ART	16	16	16	16	16	16	12	12	16	16	16	16



## LINKAGES OF HRGS TO DIFFERENT GOVT SCHEMES

FOOD SECURITY & NUTRITION SCHEME SUPPORT	EMPLOYMENT & ENTREPRENEURSHIP	HEALTH RELATED SCHEMES	HOUSING SCHEMES	OTHER
7 (Antodaya Anna Yojana)	12 (EDFI) Training on water hyacinth	14 nos (6 nos- Oriental universal and Jute diversification)	4 nos - Indira Awas Yojana Health Insurance) 8 nos under ICICI Lombard Health	54 nos (44 nos -Janata Accidental Insurance & 10 nos Financial loan under Micro Finance scheme of Deshabandhu Club)

## ASSISTANCE TO PLHIVS

- ☞ Linkage to ART centre.
- ☞ Linkage to community care centre for free food & accommodation.
- ☞ Reimburse TA for attending ART centre.
- ☞ Awareness on schemes like widow pension, railway concession for attending ART centre.
- ☞ Insuring clients under Janata personal accident Insurance under Oriental Insurance Company.

## COMMUNITY CARE CENTRE

**C**CC is a major component under care, support & treatment for the people living with HIV AIDS in NACP phase III. Previously under NACP II it was a stand alone centre but under phase III, the CCCs were established for improving the CST needs of PLHIVs with an aim for improving ART (Anti Retroviral Treatment) adherence rate, quality counseling on need based areas, education on timely follow up for CD4 testing with special attention to Pre ART clients, increased rate referrals to health facilities, providers & linkage to social welfare schemes, advocacy against stigma & discrimination & bringing positive people under care & support team. It was a holistic approach aimed at overall improvement in the lives of PLHIVs. CCC had four key areas of work i.e, medical, counseling, outreach & referrals. CCC also had to play an important role in monitoring adherence rate among clients newly initiated on ART & tolerance to treatment.

A ten bedded CCC was established in 2008 at Sibbari Road, Tarapur, Silchar by the Assam State AIDS Control Society. The name of the CCC was "Anubhuti". From April, 2012 the CCC had been funded by CBCI (Catholic Bishops Conference of India, New Delhi) under PACT programme. CCC worked effectively upto 31<sup>st</sup> March, 2013 till the end of the project. Population Foundation of India in its west Bengal Exposition honored the team members of CCC at Kolkata with award & certificates as recognition of their contribution in PACT Programme. CBCI also recommended Deshabandhu Club for CSC due to the Contribution of organization in CCC programme. A national level evaluation had been conducted during Oct, 2012 & organization has been selected as SSR (sub sub Recipient of GFATM RCC II) by India HIV AIDS Alliance, New Delhi to implement CSC in the Cachar District of Assam through a very competitive mode of selection.



## CCC PERFORMANCE AT-A-GLANCE (2012-13)

Indicator	Performance	Indicator	Performance
Total registered	218	Total counseled	431
No of Inpatient(Repeat & New)	470	Total outreach	397
Total out referred	62	Linked to Govt schemes	31

## SUCCESS STORIES

**Life goes on.....** X came to Anubhuti accompanied by ageing father, wife & two children. The client had lost his state of mind & was speaking irrelevantly. He was just released from Psychiatry ward. His wife broke down completely & counselor provided psycho social counseling to family because entire family was in the state of shock. He along with his wife & children was infected by HIV. The other relatives were also counseled for helping the client who was completely penniless at that time. The counseling at ccc helped them to come over. He along with his wife & children treated & gradually the situation in his life is changing. He is taking ART & getting normal .He said he will restart his occupation & maintain his family.

**Undying spirit –Story of Hope** X was the eldest child of his parents. He never knew before that he has been captivated by HIV virus. A young boy in late twenty got registered at Anubhuti accompanied by his parents & family members. Entire family was almost in state of shock when they hard about his HIV status. Parents completely broke down & the client was also much suppressed. He had HIV-TB co infection. Initially he used to have sudden seizure while he was under medication for TB. He had brain TB & he had many health complains .Counseling support & adherence to treatment was very fruitful he gradually recovered from state of loss & now he is dreaming for a better future. Family, care & support team brought a lot of change to happen in his life. Recently he has joined in a pharma company. He is back to his life & living happily with parents.

**Best successful practices** Good coordination with DHS,ART centre,ICTCs,PPTCT,TI NGOs,PPTCT ORW scheme,PLHIV network, Govt deptts specially Deptt of Sericulture, Food & Civil supplies, Cachar, bringing positive people in care team.



## CANDLE LIGHT MEMORIAL DAY DESHABANDHU CLUB, TI ( FSW)

: Venue :

DISTRICT INDUSTRIES CENTRE



Date : 20th May 2012

Time : 6.30 pm

### MEMBERS PRESENTS

Dr. Sanjib Sikidar (PD, TI), Debajit Gupta (Master Trainer NACO, NERO, CWC Member), Moushumi Roy (CCC Cordinator), Sushendra Das (PPP Doctor), Rehan Uddin Laskar (PM, TI), Sita malakar (Consellor, TI), Dipak Nag (ORW), Suma Sutradhar (ORW), Sombhu Nath (ORW)

Project Director (Dr. Sanjib Sikidar) was invited as chief guest for the programme he delivered his valuable words for PLHIV and HRGs. He shared his concern for Positive networking and care and support as the important aspect for overall wellbeing of PLHIVs. Mr. Debajit Gupta has expressed his view regarding welfare of HIV positive Child and other related issue.

### DISCUSSION

**D**ebajit gupta , said that we have lot of responsibility in this issue TI, CCC and others who are working with positive people should always motivate person to take ART medicine time. CCC coordinator, view that some time we can sit together with CCC positive Patient and TI positive patient & think for PLHIV networking. PPP, doctor Sushendra das discuss regarding Care and support and proper treatment of the patient is necessary to live long life. Project Manager, TI also discussed regarding follow up of HIV patient regularly by all TI staff time. Sita Malakar, counsellor TI has discussed regarding that chances of HIV is more when STI care & treatment is not properly done. Joyshree Dey, (HLFPPT) Field Executive, Also discussed about the importance of female condom to reduce the extent of HIV.





## PPTCT

**T**he Prevention of Parent To Child Transmission of HIV/AIDS (PPTCT) programme was started in the country in the year 2002. Presently there are more than 4000 Integrated Counselling and Testing Centres (ICTCs) in the country, most of these in government hospitals, which offer PPTCT services to pregnant women. Of these ICTCs, 502 are located in Obstetrics and Gynaecology Departments and in Maternity Homes where the client load is predominantly comprised of pregnant women.

In India, annually 189,000 HIV positive women got pregnant. In the absence of any intervention around 56,700 infected babies will be born annually. The PPTCT programme aims to prevent the perinatal transmission of HIV from an HIV infected pregnant mother to her newborn baby. In PPTCT programme counselling and testing of pregnant women conducted in the ICTCs. Pregnant women who are found to be HIV positive are given a single dose of Nevirapine at the time of labour; their newborn babies also get a single dose of Nevirapine immediately after birth so as to prevent transmission of HIV from mother to child.

The PPTCT services cover about 10 per cent pregnancies in the country. In the year 2006, 2.1 million pregnant women accessed this service and out of this more than 16,500 pregnant women were HIV positive. NACO hopes to achieve the UNGASS target of reducing the proportion of infants infected with HIV/AIDS by 50 percent by 2010 by providing universal accessibility of these services though scaling up at PHC, CHC level as well as private sector by PPP model.

Deshabandhu Club with support of IL & FS carrying out PPTCT outreach programme at Cachar & karimganj district respectively. During Last year total 12nos of Support group meeting & 8no of community meeting had been conducted. The Report is in the following table —

Month	April 2012	May 2012	Jun 2012	July 2012	Aug 2012	Sep 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013	March 2013
Total PLHIV accessed service	4	5	4	2	0	4	4	0	1	5	2	4

## REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME

**T**B is one of the major killer diseases. In every minute it kills one person & infects two persons. Under nutrition, density of population in slums, non adherence to treatment are the major challenges to fight out TB in India. It is a global health concern. WHO has been continuously working for the cause of TB Govt of India introduced RNTCP programme for prevention & treatment of TB. Dots is the treatment for TB patients offered free of cost. ACSM (Advocacy, communication, social mobilization) is another important component of RNTCP programme .It is an intervention approach. There is an unmet need for improved ACSM activity to support TB control efforts in all districts of India. Assam TB control society selected Deshabandhu Club in implementing ACSM activity through communication facilitators in the five districts of Assam



namely, Cachar, Karimganj, Hailakandi, N.C.Hills & KarbiAnglong. The main objective of ACSM activity is to promote awareness on TB among people so, that more people can take the opportunity of accessing treatment. During last year the programme was implemented in three districts i.e, Cachar, Karimganj & Hailakandi with assistance from State TB cell. The programmatic information is mentioned below:

Name of activity/programme	District	Total nos
Awareness Generation programme	Cachar	22
Awareness Generation programme	Karimganj	22
Awareness Generation programme	Hailakandi	24






## CBM PROGRAMME OF NRHM ACTIVITIES

**C**ommunity Based Monitoring (CBM) of health services is a key strategy of National Rural Health Mission (NRHM) is to collect feedback on the status of fulfillment of entitlements, functioning of various levels of the Public Health system and service providers, identifying gaps, deficiencies in services and levels of community satisfaction. It also aims at ensuring the services reach those for whom they are meant, especially for those residing in rural areas, the poor, women and children. Community Monitoring is also seen as an important aspect of promoting community led action in the field of health.

The community monitoring process involves a three way partnership between health care providers and managers (health system); the community, community based organizations and NGOs and the Panchayati Raj Institutions.

The provision for Monitoring and Planning Committees has been made at Primary Health Centre (PHC), Block, District and State levels. The adoption of a comprehensive framework for community-based monitoring and planning at various levels under NRHM, places people at the centre of the process of regularly assessing whether the health needs and rights of the community are being fulfilled.

The programme is to take at least 6 months to complete all the processes. Till 31<sup>st</sup> March 2013 following activities were completed.

-  Formation & Orientation of District Resource Group (DRG).
-  Identification of targeted Village Health Sanitation & Nutrition Committee.
-  Sensitization drive and Orientation of Block level Planning and Monitoring Committee. (Total 8 blocks)
-  Orientation 637 numbers of Village Health Sanitation & Nutrition Committees
-  Community Mobilization through different processes





## DISABILITY INITIATIVE

**D**isability affects a person in multiple ways throughout his/her lifetime in the absence of any intervention taken to improve their survival quality. The sensitivity, empathy & commitment of the society at large is required for shaping minds & ideas that can better the lives of people who are disabled either physically or mentally. A disabled person is vulnerable & underprivileged. The organization has commitment towards the deprived, vulnerable & underprivileged. Understanding the plight of disabled, organization started a Day care centre in 2003, with 17 students. A team of dedicated staffs & volunteers tirelessly working to bring some hopes in the lives of the children with special ability. The children are trained on social skills so that they can live with minimum dependency. The day care centre has completed 9 years of service. There is lack of special schools in Barak valley of Assam. The centre is receiving immense response from masses and the parents of the mentally challenged children. The trained team members educate the children living with cerebral palsy, autism, mental retardation on the skills of living. Every child is taken care of their ability & need. The organization created a supporting mechanism named DISHA PARENTS ASSOCIATION. The members of the association are actively involved in the decision making & planning of the day care centre activity. The main focus of the centre is school readiness programme for the children in the age group (3-6ys). Through this programme the mild & moderate mentally retarded children are trained for formal school or special school as per their abilities. Few children could be mainstreamed in formal schools in recent years. The grown up children are also imparted vocational training as part of income generation effort. The organization also plays an important role in deciding legal guardianship for the mentally retarded children as the organization is the permanent member of the local level committee in Cachar, Karimganj & N.C. Hills. It empowers the organization to decide on the legal issues of the mentally retarded persons in those districts as par with the Deputy commissioner. These local level committees are constituted by the National Trust, Ministry of social Justice & Empowerment, Govt of India. Training on daily living skills, functional academics is done by Day Care Centre with an aim to make them self-reliant. Parents counseling, monthly parents meeting are important strategies adopted under Day care centre activity.

## ASPIRATION DAY CARE CENTRE

**A**spiration Day care centre is a programme under national trust. It covers four categories of children in the age group of (3-6yrs) as mentioned under the national trust act. The categories are mentally retarded; autistic, cerebral palsy had multiple disabilities. It was started from April, 1, 2008 & completed its 5<sup>th</sup> year on 31<sup>st</sup> March, 2013. The children at day care centre are below 6 years & few of them are between 6-7 years.



The message of the school readiness programme has been disseminated in the community & parents are coming for attending counseling. Total 20 childrens are admitted at day care centre.

## HIGHLIGHTS OF THE CORE ACTIVITY :

- (1) Training on development of functional ability
- (2) Children with mild & moderate disability trained on basic things like counting, writing their names which may be useful for their daily living
- (3) Music therapy to Autistic children & physiotherapy to children with cerebral palsy provided & found useful
- (4) Vocational training on creative art.
- (5) Computer literacy
- (6) Educational & recreational visit for children
- (7) Observance of colorful days.
- (8) Counseling of parents

## PROGRAMME STRATEGY :

### **Sensitization**

Sensitizing community to provide information regarding prevention of disabilities was an important approach adopted by the centre so, that more people can understand the issue & know the rights of disables, the availability of schemes, role of aspiration day care centre so, that the message can reach to the people & disables can be benefited.

### **Parent's involvement**

The parent's of the disables are very important stakeholders of the programme. Disha Parents Association was formed with an aim to enhance services for disables. They are taking proactive role in fundraising for disables & supplementing organization's effort in awareness generation in the community.

### **Networking**

The day care centre has networking with Deptt of Social work, Assam University & students come for field placement or observation visit at the centre. They exchange knowledge & information & actively participates in organizing different programmes & events at the centre. The centre has networking with other agencies like Sanghamitra fans club, Lions Eye Hospital, Merchants Association, ONGC mahila samiti, Church Road, silchar, mahila samiti. The networking found very useful in the sense that they support the programme by every possible manner & it boost up the effort of the organization towards disability .



## COMMUNITY BASED REHABILITATION PROGRAMME

**C**BR programme is an effort towards Rehabilitation of all kinds of disables & removal of stigma & discrimination associated with disability from the society. The programme started from 1<sup>st</sup> April, 2011 under funding support of CBR Forum, Bangalore. This programme is operational in 27 villages of four Gaon panchayat areas of Kalian Development block namely Kurkuri, Burunga, Sewti & Gorvitor of Cachar District. There are five thematic areas of work under this programme i.e., Health, Education, Livelihood, Empowerment & social.

The table below shows different types of disables who are beneficiaries under CBR programme:

Sl. No.	Type of disability	0 - 5		6 - 14		15 - 18		19 - 59		60+		Total	
		M	F	M	F	M	F	M	F	M	F	M	F
1.	Blindness	3	1	2	0	2	1	3	3	0	1	10	6
2.	Low vision	1	0	7	1	2	2	6	1	0	0	16	4
3.	Leprosy cured	0	0	0	0	0	0	1	0	0	0	1	0
4.	Hearing impairment	3	3	0	5	1	2	17	26	2	0	23	36
5.	Locomotor disability	2	1	10	3	3	8	29	34	7	1	51	47
6.	Mental illness	0	0	0	0	0	0	27	24	1	0	27	25
7.	Mental retardation	4	0	2	7	6	2	8	9	0	0	20	18
8.	Autism	0	0	0	0	0	0	0	0	0	0	0	0
9.	Cerebral palsy	2	2	4	2	0	1	4	1	0	0	10	6
10.	Multiple disabilities	1	1	2	1	1	2	2	1	2	2	6	5
	<b>Total</b>	<b>16</b>	<b>8</b>	<b>27</b>	<b>19</b>	<b>15</b>	<b>18</b>	<b>97</b>	<b>99</b>	<b>10</b>	<b>2</b>	<b>164</b>	<b>147</b>

### IMPACT OF THE CBR PROGRAMME

- ☞ Community participation is gradually increasing which is significant from the programmatic point of view
- ☞ Rapport building with PRI & Line depts is developing.
- ☞ PWDs & their families are educated on the disability rights which is very important for demand generation
- ☞ PWDs are being reintegrated with their families because of the efforts of CBR programme. PWDs are living life with dignity & respect which is very fundamental for meaningful survival.
- ☞ The CWDs are being sent to schools by their parents earlier parents use to keep their disabled children at home due to fear of stigma & discrimination.
- ☞ 8 nos of village level disabled people's organization (DPO) have been formed. The DPOs are formed with an aim to create group of disabled people who are aware about the rights of PWDs and can raise the issues related to them for the wellbeing of PWDs as right based group. The sustainability of the programme will depend on the DPOs.



## ACHIEVEMENTS OF THE CBR PROGRAMME

GENERAL	MALE	FEMALE	TOTAL
No of persons with disability(PWDs)	107	101	208
No of child disables(CWD)	58	45	103
No of PWDs/families who obtained BPL cards	72	30	102
Railway concessions	1	0	1
HEALTH	MALE	FEMALE	TOTAL
Disability certificates	29	21	50
ID cards	4	3	7
Wheel chairs	5	2	7
Calipers/crutches	1	1	2
Tri-cycles	3	1	4
Low visioin aids	3	1	4
Hearing aids	0	2	2
Home based interventions	20	18	38
ADL support	12	11	23
Referral for health services	15	7	22
Education			
Pre school-Balwadi/Anganwadi/ICDS	6	8	14
CWDs primary school(class-1-7)	23	14	37
CWDs secondary level school(class 8-10)	9	3	12
CWDs Higher secondary(class 11-12)	0	0	0
Cwds who got scholarship	5	5	10
Home based education for children with severe disabilities	4	3	7
Livelihood			
Open employment-Govt.Pvt/public sector	8	2	10
Self employment	7	6	13
Pension	11	6	17
NREGS	30	3	33
IAY	8	6	14
AAY card	5	6	11
Chief minister ASY	11	4	15
BPL card	15	9	24



## CHILDLINE SERVICE

**C**CHILDLINE (1098) service is a 24hour telephonic outreach service for children in the age group (0-18years) in need of care & protection. It is a national level project sponsored by Ministry of women & child development, GOI. Childline service was started in Silchar in April, 2012. Deshabandhu Club is the collaborative organization and rajib Gandhi Open Institute is the nodal agency. It is a 12member team in service of children. It has web-link in the Cachar district website of Govt of India & participates in the meetings of the Cachar District Development committee. Key activities & Achievements of Childline centre during April, 12-March, 13 are given below :—

### PERFORMANCE

Activity	Number
Meetings conducted	26
Call received	1052
Intervention	35
Outreach	195
Open house	5
NGO resource Meet	1
CAB	2
In House Training	1
Observance of Worlds Day Against Child Labour	1

### INTERVENTION

Intervention	No of cases
Child labour	3
Missing	16
Child abuse/sexual abuse	7
Medical help	1
Child Help	1
Child in conflict with law	1
Shelter	5
Restoration	1

## CASE STUDY

**Case —Restoration** She was found in a drunken state with facial injury at 9PM on Holi night at Dwarband village of Cachar district. The girl was also molested by her friends who left her in a unconscious state. The villagers who noticed the victim at night immediately dialed 1098 at 9PM for her help. The team member immediately reached there & tried to communicate with the victim. She informed that she was made drunk by three of her friends who left her there. The team member & local people informed police & she was kept at waiting room of the police outpost. On the basis of her information Centre Coordinator visited her household & met her father. She was sent back to her parents when her family members arrived & all formalities were over. Later she was counseled but she dint reveal any information about her friends. Her father denied to lodge FIR against the culprits because he said that he is very poor & hardly had twice a meal in a day.

**Case—child in conflict with law**

The study is on Bangladeshi named Imon Mia, aged 13 years who entered into Indian Territory without any valid document along with 3 others. A phone call was received by Centre Coordinator Childline from D.C, Cachar & S.P, Karimganj that there was intrusion of Four Bangladeshis in Badarpur station under Karimganj District and one of them is a Juvenile. The Juvenile Justice Board of Karimganj district ordered to push him back to Bangladesh & the juvenile was to be given temporary shelter by SP. Due to absence of any shelter home in Karimganj district there was again telephonic discussion between SP, District Magistrate of Karimganj & D.C, Cachar regarding the aforesaid issue. The conclusion arisen out of discussion was that Imon Mia will be sheltered at Children Home run by Woodichee until further order so, on 27<sup>th</sup> March, 2013 at 6-45 A.M he was taken there.

The Juvenile will be kept in custody of children home till further decision is taken on suspect of his case and cases of the accompanying 3 adult Bangladeshis who entered into and disposal of the case by the compete.

**IMPACT**

Community response increasing conducive for enabling environment & protection of a child in need. Strong liasing. CHILDLINE, Silchar has web-link in the Cachar district website of Govt of India & participates in the meetings of the Cachar District Development committee.

## ANGANWADI WORKERS TRAINING CENTRE

**D**eshabandhu Club is running Anganwadi training Centre at Behara Bazar supported by Director, social welfare, Govt of Assam. The trainers of AWTC impart training to Anganwadi workers & helpers so that they can be well equipped with knowledge & information to perform their role & responsibilities effectively in the community. The workers & helpers from Barak valley are trained at the centre from time to time. The AWTC conducts different type of trainings i.e, Job training, orientation & refresher training as per training guideline of Govt. During 2012-13 following trainings were conducted at the AWTC—

SL.NO.	DURATION	TOTAL PARTICIPANTS	NAME OF TRAINING	NAME OF BLOCK
1.	03-10-2012 to 09-10-2012	49	Orientation training	Silchar
2.	13-10-2012 to 11-11-2012	25	Job training	Lakhipur
3.	15-11-2012 to 20-11-2012	32	Refresher training	Katigora
4.	24-11-2012 to 23-12-2012	35	Job training	Binnakandi
5.	26-12-2012 to 01-01-2013	50	Orientation training	Borkhola
8.	05-01-2013 to 04-02-2013	35	Job training	Lala
9.	08-02-2013 to 09-03-2013	25	Job training	Binnakandi



## ARTISANS SUPPORT PROGRAMME

**S**ince long this organization is running a Common Facility Centre (CFC) for the artisans supported with its various programmes. The CFCs is aimed at bringing the artisans back to their previous profession & capacity building by skill up-gradation through training on latest innovation, design development & product diversification. CFC at the organization register artisans trains them so, that their product can compete with national & international one.

With the financial support of NEDFi this organization has participated in a one month duration National Level Exhibition on PMEGP at Silchar during 2012-13 organised by Khadi & village Industries Commission. More than 30 artisans of water hyacinth based products trained by the organization has participated with their product in that exhibition. The exhibition got good response as almost all the products displayed at the exhibition has sold and the artisans were become very much happy with their performances.

## AWARENESS ON PMEGP

**T**he organization has associated with the Khadi & village Industries Commission Divisional Office, Silchar in organizing Awareness Programme Prime Ministers' Employment Generation Programme (PMEGP) in Cachar and Karimganj district of Assam. The aim of the programme is to popularize the scheme among unemployed youths so that more and more small scale industries may establish in rural areas and thus opportunity of employment may be increased in rural areas. Resource persons of the programme were given more emphasis that PMEGP scheme are to be prepared depending on local market and raw materials available locally instead of only service based industry. He requested implementing departments are to be impressed upon all over growth of each industry and should be encouraged for Agro based and Food based industry, Non conventional energy based industry etc. Lastly He requested Bankers for early sanction of the sponsored PMEGP proposals for imparting E.D.P training of the entrepreneurs. Details of the Programmes are as under:

Date	Location	District	No of Participants
9 <sup>th</sup> January 2013	Masimpur	Cachar	37
10 <sup>th</sup> January 2013	Dolu	Cachar	34
15 <sup>th</sup> January 2013	Badarpur	Cachar	37
16 <sup>th</sup> January 2013	Siddheswar	Cachar	26
20 <sup>th</sup> January 2013	Dakshin Gangapur	Cachar	28
22 <sup>nd</sup> January 2013	Bashail	Karimganj	31
23 <sup>rd</sup> January 2013	Bosla	Karimganj	34
24 <sup>th</sup> January 2013	Putichara	Cachar	44



## SOCIAL COUNSELING & ADVOCACY

**L**egal Aid Cell is one of the important wings of Deshabandhu Club. It was started in 2004 to generate legal literacy & to extend legal assistance to people. As per directives of Honorable Supreme court of India & under permission of District session Judge, Cachar the cell was started to address issues like Domestic violence against women & child. It also looks after marital disputes, child labor, cases on violence against women. It is good to share that most of the disputes have been settled down at the legal aid cell & unsettled disputes are referred to the court.

INDICATOR	PERFORMANCE
Total cases resolved	12
Cases under trial	2
Total cases unresolved	4

The legal aid cell organized Awareness programme on child welfare. All total 71 participants attended the programme. The cell also observed International Labour Day on 1<sup>st</sup> may, 2013 at the premises of organization with participation of the staffs of Deshabandhu Club, trainees of ICDS programme, artisans, daily wage laborers & Local workforce.

## CULTURE

**I**ndia is a land of unique & oldest culture. The country is acclaimed worldwide for the cultural diversity. The north, south, west, east, every part of the nation has varied culture. There is hardly any culture in the world that is so vivid and unique like India. India is a country of 1.27 billion population with variety of geographical features and climatic conditions. India is homeland of some of the most ancient civilizations, including four major world religions, Hinduism, Buddhism, Jainism and Sikhism. India is a land of spirituality & communal harmony. The beauty of India is in its unity in diversity. In north east different ethnic groups exist & glorified the cultural heritage.

Deshabandhu Club is situated in the foothill of Barail range at Behara Bazar. Many religious & ethnic group lives in the adjoining areas. Every group has unique cultures. The organization is keen on upholding the culture through talent promotion.

Deshabandhu Club has cultural troupe namely Deshabandhu Cultural Mission. The aim of the mission is to spread message on different social issues to the masses. It also observes major cultural events like Yuva divas, International literacy day, World Environment Day, Najrul Jayanti, Rabindra Jayanti etc.

The organization also runs an music school named Deshabandhu sangit Vidyalaya at Behara bazaar.

**The performance of the institution is mentioned below :—**

Total candidate appeared	74	Madhyama	21
Total passed	70	Visharad pt-1	16
Prathama	23	Visharad pt-ii	10





**R K P**  
ASSOCIATES  
Chartered Accountants

Sarwam, 1st Floor, Janiganj Bazar  
Silchar - 788 001 Assam, India  
Phone : +91-3842-231560/ 238915  
Mobile : +91-9435565649  
Fax : +91-3842-231560  
Email : rkpaca@hotmail.com

## INDEPENDENT AUDITOR'S REPORT

To,  
Deshabandhu Club  
Behara Bazar  
Cachar  
Assam

We have audited the accompanying financial statements of **DESHABANDHU CLUB**, Behara Bazar, Cachar, Assam which comprise the Balance Sheet as at 31st March, 2013 and the Income & Expenditure Account and Receipt & Payment Account for the year then ended, and a summary of significant accounting policies.

### 1. Managements Responsibility for the Financial Statements:

Management is responsible for the preparation of these financial statements in accordance with Accounting Principles generally accepted in India. This responsibility includes the design, implementation and maintenance of internal control relevant to the preparation of the financial statements that are free from material misstatement, whether due to fraud or error.

### 2. Auditor's Responsibility:

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with the Standards on Auditing issued by the Institute of Chartered Accountants of India. Those Standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement. An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant for preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control.



*Cont'd...*

BRANCHES IN ★ Guwahati ★ Siliguri ★ Patna ★ Kolkata ★ Indore



**R K P**  
ASSOCIATES  
Chartered Accountants

Sarwam, 1st Floor, Janiganj Bazar  
Silchar - 788 001 Assam, India  
Phone : +91-3842-231560/ 238915  
Mobile : +91-9435565649  
Fax : +91-3842-231560  
Email : rkpaca@hotmail.com

*Cont'd...*

An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of the accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

**3. Opinion:**

In our opinion and to the best of our information and according to the explanations given to us, the financial statements of **DESHABANDHU CLUB**, for the year ended 31<sup>st</sup> March, 2013 give a true and fair view in conformity with the Accounting Principles generally accepted in India.

- i) In the case of the Balance Sheet of the state of the affairs of Deshabandhu Club as at 31<sup>st</sup> March, 2013.
- ii) In case of Income & Expenditure Account the total of Income over Expenditure of Deshabandhu Club for period ended on 31<sup>st</sup> March, 2013.
- iii) In the case of the Receipt & Payment Account the total transaction taking place in Deshabandhu Club for the period ended on 31<sup>st</sup> March, 2013.

Dated at Silchar  
the 10<sup>th</sup> of May 2013



FOR RKP ASSOCIATES  
CHARTERED ACCOUNTANTS

(CA. RAVI KR. PATWA)  
PARTNER  
MRN. 056409  
FRN. 322473E



**DESHABANDHU CLUB  
BEHARA BAZAR, CACHAR (ASSAM)**

**BALANCE SHEET AS AT 31ST MARCH, 2013**

LIABILITIES	SCH	AMOUNT	ASSETS	SCH	AMOUNT
<u>FUND ACCOUNT</u>	‘1’	6,796,713.61	<u>FIXED ASSETS</u>	‘2’	4,044,309.00
<u>LOAN FROM</u>			<u>INVESTMENTS</u>		
Rastriya Mohila Kosh Project		340,000.00	Bank Fixed Deposits	‘3’	487,000.00
<u>CURRENT LIABILITIES</u>			<u>CURRENT ASSETS, LOANS</u>		
<u>&amp; PROVISIONS</u>			<u>&amp; ADVANCES</u>		
<u>Current Liabilities</u>			<u>Loans &amp; Advances</u>		
Thrift Money From SHG’s		185,400.00	Receivable with 97 SHG’s		415,149.00
<u>Provisions</u>			<u>Current Assets</u>		
<u>EPF</u>			Grant - in - Aid Receivable	‘4’	2,211,326.50
Employers Contribution		10,371.00	Refundable Assistance		100.00
Employees Contribution		9,144.00	<u>Income Tax Suspenses</u>		
			A.Y. 2012-13		7,870.00
			A.Y. 2013-14		9,840.00
			Cash at Bank	‘5’	152,999.49
			Cheque in Hand		8,000.00
			Cash in Hand	‘5’	5,034.62
		<u>7,341,628.61</u>			<u>7,341,628.61</u>

IN TERMS OF OUR REPORT ON EVEN DATE

FOR RKP ASSOCIATES  
CHARTERED ACCOUNTANTS

Dated at Silchar  
the 10<sup>th</sup> of May 2013



(CA. RAVI KR. PATWA)  
PARTNER  
MRN. 056409  
FRN. 322473E



**DESHABANDHU CLUB**  
**BEHARA BAZAR, CACHAR (ASSAM)**


**INCOME & EXPENDITURE ACCOUNT FOR THE YEAR ENDED ON 31ST MARCH, 2013**

EXPENDITURE	SCH	AMOUNT	INCOME	SCH	AMOUNT
Expenditure incurred for various Programmes	'6'	7,947,927.00	By Grant - in - Aid	'4'	6,622,804.00
“ Salary			“ Membership Subscriptions		6,150.00
Executive Members		166,600.00	“ Donations	'8'	730,500.00
General Staff		<u>247,200.00</u>	“ Fees/ Charges/ Receipts from Various Programmes		
		413,800.00	“ Fees Received from Deshabandu		
“ Telephone Charges		21,986.00	<u>Vidya Niketan</u>		
“ Electricity Charges		56,684.00	Tution Fees		428,880.00
“ Audit Fees		15,731.00	Admission Fees		<u>161,400.00</u>
“ Professional Fees		51,123.00			590,280.00
“ Expenses Incurred for Deshabandhu			“ Amount Received from SHGs under		
<u>Vidya Niketan</u>			<u>Rastiriya Mahila Kosh (RMK) Project</u>		
Staff Salary		462,000.00	Service Charges		79,043.00
Examination Exp.		10,000.00	“ Land Rent		240,000.00
Printing & Stationery		<u>14,785.00</u>	“ House Rent		555,550.00
		486,785.00	“ Repayment of Electricity Charges		
“ Amount Expended For Rastiriya			“ Repayment of Internet date card Security		608.00
<u>Mahila Kosh (RMK) Project</u>			“ Bank Interest	'10'	68,221.00
Interest on Loan		53,116.00	“RCH Expenses Refund		22,506.00
Loan Overdue		56.00			
Staff Salary		<u>52,500.00</u>			
		105,672.00			
“ Staff Insurance		17,040.00			
“ Water Charges		1,720.00			
“ EPF Contribution (Employer)		128,532.00			
“ Bank Charges	'7'	2,322.00			
“ Maintenance of Equipment		13,320.00			
“ Office Expenses		3,159.00			
“ HR Development Executive Member		25,837.00			
“ RMK Membership Fees		500.00			
“ Depreciation	'2'	453,469.00			
“ Excess of Income over Expenditure		596,055.00			
		<u>10,341,662.00</u>			<u>10,341,662.00</u>

IN TERMS OF OUR REPORT ON EVEN DATE  
FOR RKP ASSOCIATES  
CHARTERED ACCOUNTANTS

Dated at Silchar  
the 10<sup>th</sup> of May/2013



  
(CA. RAVI KR. PATWA)  
PARTNER  
MRN. 056409  
FRN. 322473E



**DESHABANDHU CLUB**  
**BEHARA BAZAR, CACHAR (ASSAM)**

**RECEIPTS AND PAYMENTS ACCOUNT FOR THE YEAR ENDED ON 31ST MARCH' 2013**

RECEIPTS	SCH	AMOUNT	PAYMENTS	SCH	AMOUNT
<u>To Opening Balances</u>			By Expenditure incurred for		
Cash in Hand		4,424.62	Various Programmes	‘6’	7,947,927.00
Cheque in Hand		155,000.00			
Cash at Bank		<u>377,751.99</u>	“ Salary		
		537,176.61	Executive Members		166,600.00
“ Grants - in - Aid received	‘4’	5,769,466.50	General Staff		<u>247,200.00</u>
“ Membership Subscription		6,150.00	“ Telephone Charges		21,986.00
“ Donation	‘8’	730,500.00	“ Electricity Charges		56,684.00
“ Fees/ Charges/ Receipts from Various Programmes	‘9’	1,408,000.00	“ Audit Fees		15,731.00
			“ Professional Fees		51,123.00
“ <b>Fees received from Deshabandhu Vidya Niketan</b>			“ Expenditure Incurred for Deshabandhu Vidva Niketan		
Tution Fees		428,880.00	Staff Salary		462,000.00
Admition Fees		<u>161,400.00</u>	Examination Exp.		10,000.00
		590,280.00	Printing & Stationery Exp.		<u>14,785.00</u>
“ Amount Received from SHG’s Under Rashtriya Mahila Kosh (RMK) Project			“ Amount Expended For Rashtriya Mahila Kosh (RMK) Project		486,785.00
Service Charges		79,043.00	Loan Refunded		376,000.00
Loan Recoverd		<u>377,248.00</u>	Interest on Loan		53,116.00
		456,291.00	Loan Overdue		56.00
“ Land Rent		240,000.00	Staff Salary		<u>52,500.00</u>
“ House Rent		555,550.00	“ Staff Insurance		17,040.00
“ Recovery of Electricity Charges		18,000.00	Staff Insurance Claim		
“ Recovery of Intemet Date card Security		608.00	Payable of earlier year		<u>14,177.00</u>
“ Bank Interest	‘10’	68,221.00	“ Fixed Assets Purchased	‘2’	168,880.00
			“ Water Charges		1,720.00
			“ Fixed Deposits Purchased		350,000.00
			“ TDS deduction from PPTCT Project		9,840.00
Balance c/d		<u>10,380,243.11</u>	Balance c/d		<u>10,037,365.00</u>





**DESHABANDHU CLUB**  
**BEHARA BAZAR, CACHAR (ASSAM)**

**RECEIPTS AND PAYMENTS ACCOUNT FOR THE YEAR ENDED ON 31ST MARCH' 2013**


RECEIPTS	SCH	AMOUNT	PAYMENTS	SCH	AMOUNT
Balance b/d		10,380,243.11	Balance b/d		10,037,365.00
“ EPF Contribution Received from Staff		113,328.00	“ <u>EPF Paid</u>		
			Employers Contribution		128,940.00
“ RCFI Expenses Reftind		22,506.00	Employee Contribution		113,688.00
			EPF Contribution from CBR		
			Project Payable	<u>24,912.00</u>	267,540.00
			“ Bank Charges	‘7’	2,322.00
			“ Maintenance of Equipment		13,320.00
			“ HR Development Executive Member		25,837.00
			“ RMK Membership Fees		500.00
			“ Office Expenses		3,159.00
			“ <u>Closing Balances</u>		
			Cash in Hand	5,034.62	‘5’
			Cheque in Hand	8,000.00	
			Cash at Bank	<u>152,999.49</u>	‘5’ 166,034.11
		<u>10,516,077.11</u>			<u>10,516,077.11</u>

IN TERMS OF OUR REPORT ONEVEN DATE

FOR RKP ASSOCIATES  
CHARTERED ACCOUNTANTS

Dated at Silchar  
the 10<sup>th</sup> of May/2013



  
(CA. RAVIKR. PATWA)  
PARTNER  
MRN. 056409  
FRN. 322473E



## LEGAL COMPLIANCE

**T**he Deshabandhu Club followed a rigorous audit process. The statutory auditor with a fixed remuneration was appointed in the Annual General Body Meeting. Auditor's reports and financial statements are shared at length in the Annual General Meeting.

Deshabandhu Club complies with statutory requirements of Income tax Act, 1961 and Foreign Contribution Regulation Act, 1976.

## TRANSPARENCY DISCLOSURES

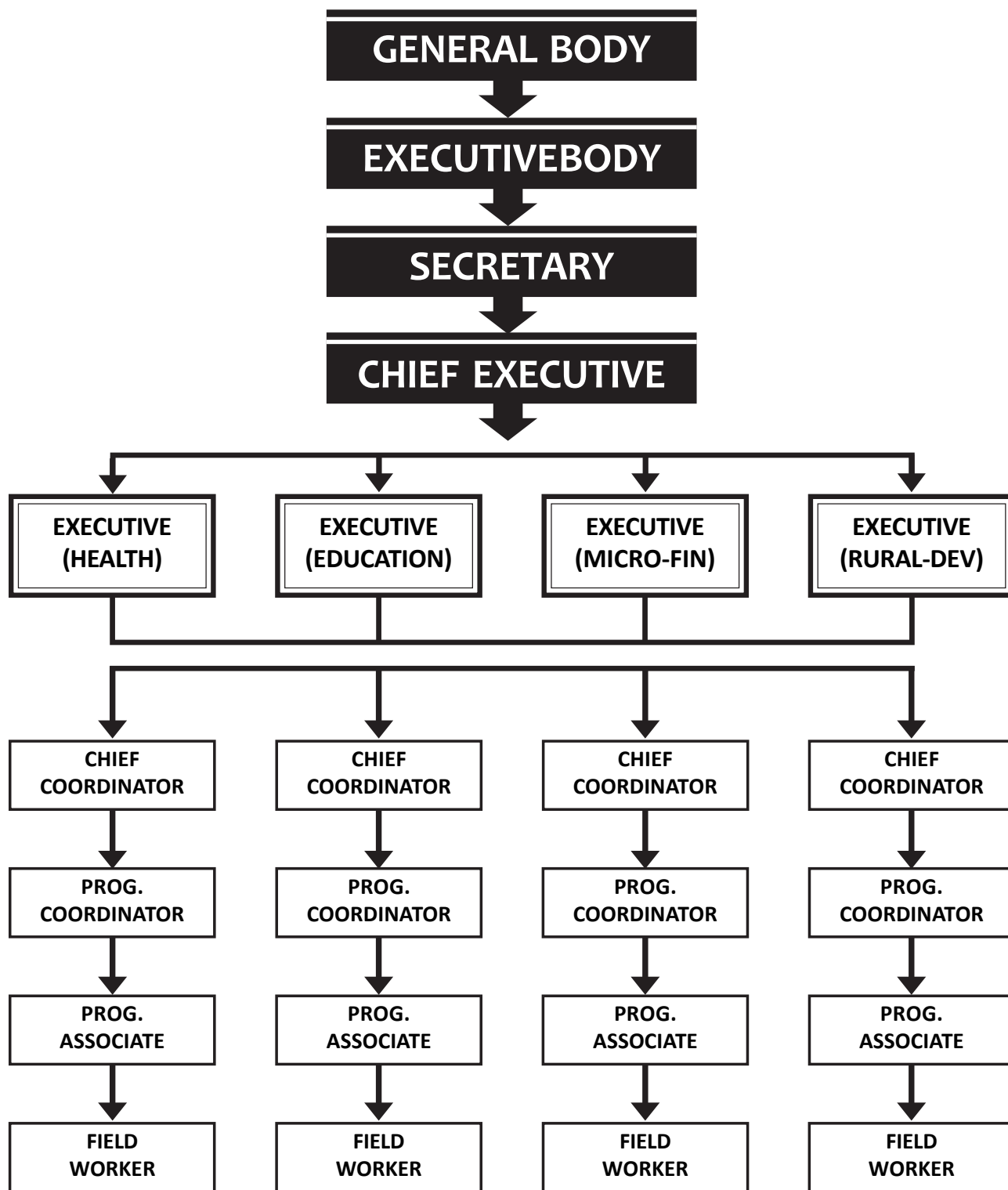
- ☞ Among the abovementioned EB members, Dr Sanjib Sikidar & Shri Jahar Sikidar are related by blood (brother) and Shri Rabindra Narayan Acharjee & Smt. Kamana Devi are also related by blood (brother-sister). The other members are neither related by blood nor related by marriage.
- ☞ No remuneration, sitting fees or any other form of compensation was paid to any Executive Members for the financial year except Secretary, 2 Joint Secretaries & 1 Executive Member Rs. 39000/-, 49600/- and Rs. 48000/- respectively.
- ☞ Travel reimbursement made to Executive members attending Committee meetings and other office meeting: Nil
- ☞ Remuneration of the three highest paid staff members Rs. 15000/-
- ☞ Total cost of national travel by the Executive Body members: 25,837/-
- ☞ Total cost of international travel by the Executive Members: Nil
- ☞ Remuneration of the lowest paid staff member is Rs. 1500/-
- ☞ Total cost of international travel by all staff and board members during the year: Nil

## SALARY DISTRIBUTION AS ON 31.03.2012

LEVEL OF SALARY (IN RS)	MEN	WOMEN	TOTAL
Up to 2000/-	1	26	27
2001/- to 3000	11	8	19
3001 – 4000	10	4	14
4001 – 7000	14	16	30
7000 – 9000	4	6	10
More than 9000	1	5	6
<b>Total</b>	<b>41</b>	<b>65</b>	<b>106</b>



# ORGANOGRAM OF DESHABANDHU CLUB







## LIST OF EXECUTIVE BODY

SL. NO.	NAME OF MEMBER	DESIGNATION	GENDER	MEETING ATTENDED	PROFESSION
1,	Dr. Sanjib Sikidar	President	Male	5/6	Medical practitioner
2	Ajit Roychoudhury	Vice president	Male	3/6	Service
3	Kali Kumar Saha	Secretary	Male	4/6	Social work
4	Kanailal Bhattacharjee	Jt .secretary	Male	4/6	service
5	Sajal Kumar Deb	Jt. Secretary	Male	5/6	social work
6	Rabindra Narayan Acharjee	Jt. secretary	Male	5/6	Social work
7	Jayanta Roy Choudhury	Jt Secretary	Male	6/6	Service
8	Bimal Chandra Dey	Jt Secretary	Male	5/6	Service
9	Abhijit Chakrabarty	Culture Secretary	Male	5/6	Social service
10	Sri Subir Das	Game Secretary	Male	3/6	Service
11	Sambit Sikidar	Member	Male	3/6	Business
12	Ashok DebRoy	Member	Male	6/6	Retd employee
13	Narayan Bhattacharjee	Member	Male	4/6	Retd. Employee
14	Nibhas Das	Member	Male	5/6	Social work
15	Manik Malakar	Member	Male	4/6	Social work
16	Pradip Goswami	Member	Male	4/6	Service
17	Bijoy Bhushan Das	Member	Male	4/6	Service
18	Dr.Bijit Goswami	Member	Male	1/6	Service
19	Smt Kamana Devi	Member	Female	5/6	Service
20	Miss Lilaboti Das	Member	Female	4/6	Service



## LIST OF OUR PARTNERS

Sl.No.	NAME OF AGENCY
1	Ministry of Health & family Welfare, GOI
2	D.C (Handicrafts),Ministry of Textiles, GOI
3	Deptt. of Health Services, Govt of Assam
5	Assam State AIDS Control society
6	Assam State Social welfare Board
7	National Rural Health Mission, Assam
8	Rasthriya Mahila Kosh
9	SSA, Assam
10	UNICEF
11	CBCI
12	National Bank for Agriculture & Rural Development (NABARD)
13	IL&FS
14	Centre for Microfinance & Livelihood, Guwahati
15	NEDFI
16	The National Trust
18	Deptt of social welfare, GOA
23	Rasthriya Gramin Vikash Nidhi
24	Khadi & Village Industries Commission
25	Entrepreneuership Development institute of India, Ahmedabad
26	District Legal AID Cell, Cachar
27	National centre For Advocacy studies, Pune
29	Nehru Yuva Kendra Sangathan
30	Assam Gramin Vikash Bank
31	Community Based Rehabilitation Forum, Bangalore



**সাময়িক প্রসঙ্গ**

বাইব' র্যালির মাধ্যমে সূচনা পুনিহুড়া থেকে, বিভিন্ন স্থানে পথসভা  
**এনআরএইচএমের কাজকর্ম নিয়ে**  
**জেলাভিত্তিক সমীক্ষার কাজ শুরু**

বিশ্ব প্রতিবন্ধী দিবসের ১৫  
 নং 'বিশ্ব' বা 'বিশ্ব' থেকে  
 শুরু হ'ল। বিভিন্ন  
 স্থানে পথসভা ও  
 র্যালি আয়োজন  
 করা হয়েছে।  
 এছাড়াও বিভিন্ন  
 স্থানে পথসভা ও  
 র্যালি আয়োজন  
 করা হয়েছে।  
 এছাড়াও বিভিন্ন  
 স্থানে পথসভা ও  
 র্যালি আয়োজন  
 করা হয়েছে।

এনআরএইচএমের  
 কাজকর্ম নিয়ে  
 জেলাভিত্তিক  
 সমীক্ষার কাজ  
 শুরু হয়েছে।  
 এছাড়াও  
 বিভিন্ন স্থানে  
 পথসভা ও  
 র্যালি আয়োজন  
 করা হয়েছে।

এনআরএইচএমের  
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 পথসভা ও  
 র্যালি আয়োজন  
 করা হয়েছে।





**Deshabandhu Club** | **Annual Report 2012-13**



***Our Vision***

***Our Mission***

***Our Activities***

***Our Achievement***

***Our Dreams***

***Our Success***